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MAR 22 2010

## MARTIN &amp; FERRARO, LLP

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## FACSIMILE TRANSMITTAL

## TO:

## FROM:

**Name:** Mail Stop AMENDMENT  
Group Art Unit 3771  
Examiner Danton D. Demille**Name:** Amedeo F. Ferraro, Esq.**Firm:** U.S. Patent & Trademark Office**Phone No.:** 310-286-9800**Fax No.:** 571-273-8300**No. of Pages (including this):** 12**Subject:** U.S. Patent Application No. 08/354,450**Date:** March 22, 2010

Gary K. Michelson

Filed: December 12, 1994

**Confirmation Copy to Follow:** NOMETHOD FOR ARTHROSCOPIC MENISCAL  
REPAIR (As Amended)

Attorney Docket No. 101.0023-04000

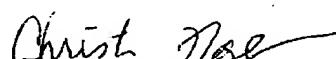
Customer No. 22882

Confirmation No.: 3041

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Christine Flores

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FORM PTO-1083

Attorney Docket No.: 101.0023-04000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 22 2010

In re application of:

Gary K. Michelson

Serial No: 08/354,450

Filed: December 12, 1994

For: METHOD FOR ARTHROSCOPIC MENISCAL  
REPAIR (As Amended)

Confirmation No.: 3041

Art Unit: 3771

Examiner: Danton D. Demille

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Amendment to the Office Action dated February 22, 2010in the above-identified application.

No additional fee is required.  
 Applicant hereby requests a \*\*\*-month extension of time to respond to the above office action.  
 A Terminal Disclaimer is enclosed.  
 An Information Disclosure Statement Under 37 C.F.R. § 1.97(\_\_\_\_) with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	272	**	0	LG=\$52 SM=\$26	\$52
INDEPENDENT CLAIMS FEE	3	-	10	***	0	LG=\$220 SM=\$110	\$220
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195	\$0
						TOTAL	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" In this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The total amount of \$\*\*\*.00 to cover the \*\*\* -month extension fee is to be charged to Deposit Account No. 50-\_\_\_\_\_.

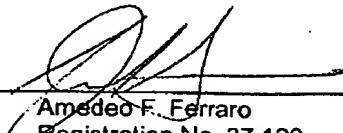
The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN &amp; FERRARO, LLP

By:

  
Amedeo F. Ferraro  
Registration No. 37,129

Date: March 22, 2010

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Transmittal of Amendment 3-22-10

FORM PTO-1083

Attorney Docket No.: 101.0023-04000  
Customer No. 22882

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TOTAL CLAIMS FEE	23	-	272	**	0	LG=\$52 SM=\$26	\$52	\$ 0
INDEPENDENT CLAIMS FEE	3	-	10	***	0	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS			LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$195			\$ 0		
						TOTAL \$ 0		

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
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